

Case Number:	CM15-0203581		
Date Assigned:	10/20/2015	Date of Injury:	04/20/1997
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68 year old female who sustained an industrial injury on 4-20-1997. A review of medical records indicates the injured worker is being treated for bilateral plantar fasciitis, cervical myofascial pain, and right shoulder impingement syndrome, rotator cuff tendinopathy. Medical records dated 6-13-2015 noted mid to low back pain and stiffness. She notes functional improvement and pain with medications. Her pain was rated an 8 out of 10 and reduced to a 2-3 out of 10 with medication. She had intermittent shoulder pain and neck pain. She utilizes orthotics. Physical examination noted tenderness over the plantar fasciitis. There was tenderness over the cervical spine. The right shoulder showed a positive impingement sign. Treatment has included Tramadol and Flurbiprofen, Capsaicin, Menthol, and Camphor, since at least 6-13-2015. Utilization review form dated 9-17-2015 non-certified Flurbiprofen 10%-Capsaicin 0.05%-Menthol 2.5%-Camphor 2.5%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FC5 (Flurbiprofen 10 Percent, Capsaicin .05 Percent, Menthol 2.5 Percent, Camphor 2.5 Percent) 120 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, FC5 (Flurbiprofen 10%, Capsaicin 0.5%, menthol 2.5%, and camphor 2.5%) 120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are bilateral plantar fasciitis; cervical myofascial pain; and right shoulder impingement syndrome, rotator cuff tendinopathy. Date of injury is November 20, 1997. Request for authorization is September 10, 2015 referencing date of service August 13, 2015. There are two progress notes in the medical record dated May 14, 2015 and June 13, 2015. According to the June 13, 2015 progress note, the treatment plan contains a refill request for FC5 cream applied to three times per day. Subjectively, the injured worker complains of mid and low back pain and shoulder pain. Injured worker uses a TENS unit and cream for exacerbations. Objectively, there is tenderness to palpation over the cervical paraspinal muscles and bilateral trapezius muscles. There is a positive impingement of the right shoulder. There is no documentation demonstrating objective functional improvement to support the ongoing FC5 cream. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Capsaicin 0.5% and Flurbiprofen) that is not recommended is not recommended. Consequently, FC5 Flurbiprofen 10%, Capsaicin 0.5%, menthol 2.5%, and camphor 2.5%, 120 g is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, FC5 (Flurbiprofen 10%, Capsaicin 0.5%, menthol 2.5%, and camphor 2.5%) 120 g is not medically necessary.